W4H
WOMEN FOR HEALTH

Addressing the shortage of female health workers

Empowering young women from rural areas to become health workers

Since it began in 2012, the Women for Health programme has successfully addressed many of the practical and strategic challenges associated with its goal of increasing the number of female health workers, especially midwives, in rural areas of northern Nigeria.

By 2017, some 6,750 women have received training as health workers as a result of the programme. Many are developing careers as rural health workers in their local communities – where they can have the greatest impact on maternal, infant and child mortality and act as role models and champions.

This 'How-To' guide is about the process of addressing barriers to the education and recruitment of young women from rural areas of Northern Nigeria and empowering them to enter training to become health workers. It translates the lessons learned from the programme into a series of practical, inter-connected steps to guide similar projects and government initiatives in comparably challenging locations.

This guide is for anyone aiming to close a gender gap in service provision and empower women through the process, while also contributing to progress on the Sustainable Development Goals. It is suitable for project and programme staff, development partners and non-governmental organisations.

While this Guide is focused on health, some elements of the guidance could be valuable for the provision of other social services, such as education and more technical support, such as agriculture and water and sanitation.

Other How-To Guides based on the learning from different aspects of the Women for Health programme are available. For more please visit www.women4healthnigeria.org

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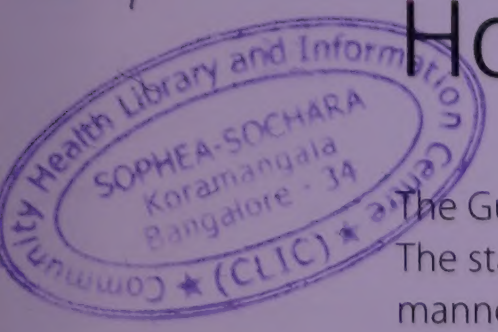

How to use this Guide

The Guide is organised into five 'stages' made up of a number of key steps. The stages may need to be implemented simultaneously and in a coordinated manner.

Page 4 **Stage 1: Engaging wider stakeholders** explores the crucial importance of bringing key influential people and groups on board to create an enabling environment that aids the changes/transition required to implement a programme that empowers women.

Page 8 **Stage 2: Establishing Foundation Year Programmes** documents the processes of establishing and running programmes to make up for previous poor education, engage communities and empower young women.

Page 14 **Stage 3: Transforming the training institutions** highlights strategies for creating more women-friendly training institutions, with good quality teaching and learning and suitable accommodation for female students.

Page 21 **Stage 4: Improving college facilities** so that the physical environment where the young women will be trained is appropriate and enables them to learn.

Page 23 **Stage 5: Maximising the empowerment of female students** focuses on mechanisms for building on the programme gains in terms of empowerment of women and sustainable changes to gender norms.

Page 26 **Last words** on the lessons learned from Women for Health and advice to other projects and programmes.

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The Women for Health programme

In the north of Nigeria, a chronic shortage of female health workers converges with social, cultural and religious norms which impact on women's access to health care to produce some of the poorest maternal and newborn health indicators in sub Saharan Africa: in 2009 women faced a one in nine lifetime risk of maternal death; two in three girls were married before age 18; only 10% to 15% of deliveries in the north were attended by a skilled provider, compared to over 75% in the south. Moreover, rural deliveries in the north were three times less likely than those in urban areas to be attended by a skilled provider.

Making changes within the community

Empowering young women from rural communities can create change within the community, raise the educational and professional aspirations of other young women, and contribute to opportunities for economic empowerment of girls and women – and play a role in breaking the cycle of poverty and marginalisation.

In the northern Nigerian context, social norms prescribe that women receive reproductive care from other women. Yet the seriously low number of female frontline health workers in rural areas meant that few government health facilities had midwives or female nurses. Moreover, government efforts to recruit midwives from the south to fill rural vacancies had had limited success, mostly because of the social and cultural differences between the north and south.

Women for Health

In response to this challenge the UK aid funded Women for Health (W4H) programme focused on a sustainable approach – recruiting young women already residing in the rural areas for training so that they return to their home community to provide culturally appropriate health services for girls and women. At the same time, the programme empowered these women to act as local champions, transforming attitudes to women and girls and helping to shift gendered social norms.
Working in five northern Nigerian states of Jigawa, Kano, Katsina, Yobe and Zamfara, Women for Health strengthened stakeholders' capacity to address the female health worker crisis, improved the management, quality of teaching and gender-responsiveness of health training institutions, and engaged rural communities to support young women to train and practice as health workers.

The challenges faced

The recruitment of young northern women for health professional training is challenging for a range of complex reasons including socio-cultural disadvantage and exclusion. Poor educational provision in rural areas means that most young women do not have the level of education to succeed in nationally accredited training courses. Moreover, restrictions on women's mobility and the deep-seated expectations around appropriate gender roles constrain opportunities for career development of young women.

At the same time, the culture and environment at health training institutions was predominantly male. There were few if any female tutors or senior staff. No consideration had been given to the different and specific needs of female students, most accommodation was unsuitable for women, especially for those who were married, and there was no childcare provision. Many campuses were insecure and harassment of female students and staff was reported. The quality of teaching and learning was inadequate and student learning and personal support was virtually non-existent.

At state and federal government levels there was limited involvement by government in funding, governance and quality oversight of HTI s, and low commitment by regulatory and professional bodies.

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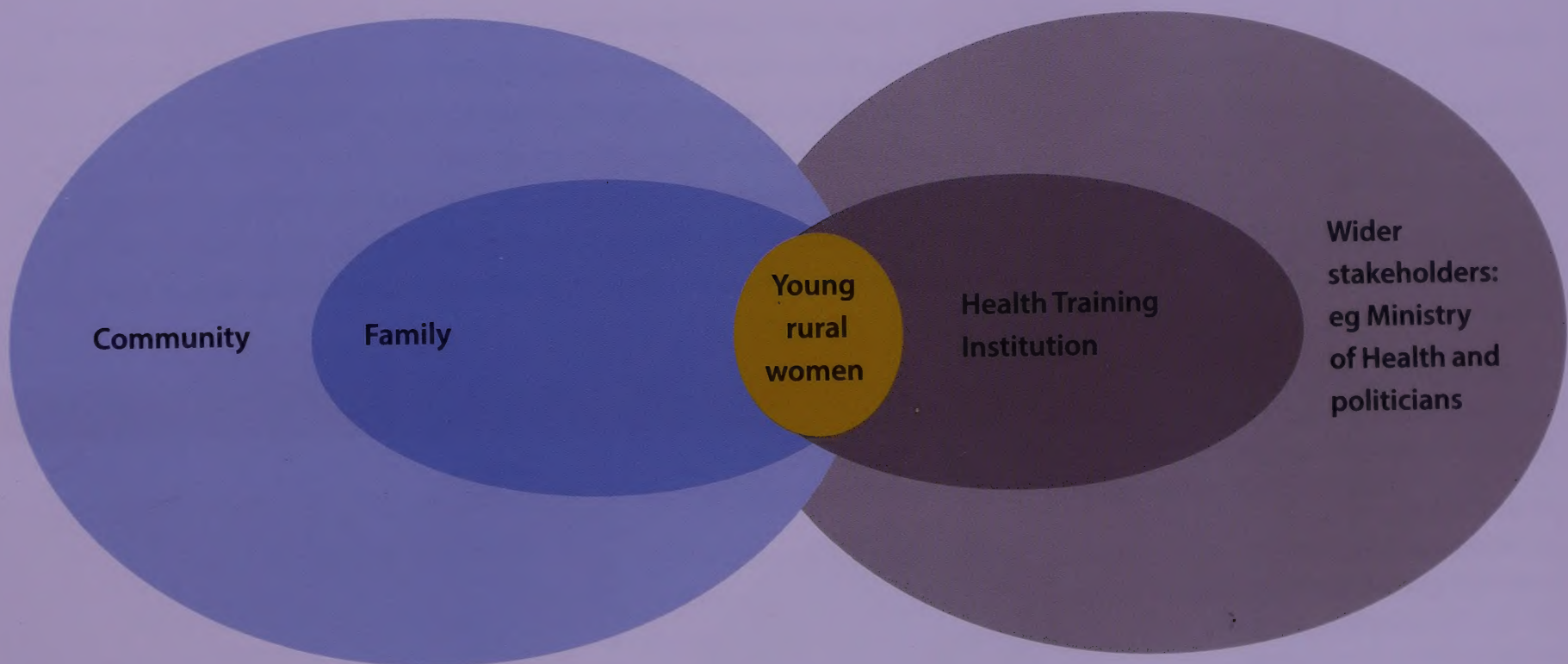
The crucial role of women's empowerment

It is widely recognised that women's social and economic empowerment plays a significant role in the development of families and nations, and contributes to achieving women's rights and well-being. Strategies to increase women's empowerment include strengthening their confidence and self-esteem, increasing their agency (voice and decision-making power), improving their economic opportunities and control over resources, and creating an enabling environment that supports their empowerment[1].

As described above, recruitment of young rural women for health training is challenging for a range of complex reasons that leaves them with limited 'power'. Addressing the complex barriers so these young women can enrol in, attend and succeed in health training requires a multi-dimensional approach that responds to all the domains of empowerment outlined above and works in partnership with key stakeholders to create enabling environment for change. (Illustrated in Figure 1).

Strategies and actions need to include: strengthening the confidence and self-esteem of the young women themselves; gaining social approval and support from their families and communities; transforming the health training institutions to make them more gender responsive/female friendly; and advocacy directed at wider stakeholders, such as the Ministry of Health and politicians, to help to create an enabling environment for the empowerment of the young women. The various sections of this 'How to' guide provide more detail about each of these strategies and actions.

Figure 1. The young women and their environment



Empowering young women from rural communities to become health workers in this way creates a positive ripple of change, which can impact on all community members, but especially on the other young women in the community and their aspirations. Such a programme contributes to opportunities for economic empowerment of girls and women, encouragement for girls to complete secondary school and greater gender equality, and helps to break the cycle of poverty and marginalisation.

1. See UN Women, World Bank, the International Center for Research on Women (ICRW) and CARE International

Stage 1: Engaging wider stakeholders

Creating strong support from a wide group of stakeholders – spanning government, professional bodies and key influencers such as traditional and religious authorities – is essential to achieving significant change and end the female health worker shortage.

Issues relating to women's roles can be extremely sensitive, particularly in northern Nigeria where there are complex, religious, political and social structures. Effective engagement is not simple and entry points and strategies have to be sensitively honed to the local situation and involve local stakeholders.

As well as local engagement, it is essential to ensure that national and state level political, traditional and religious leaders, community members and Health Training Institution managers are on board and ready to work in partnership to make the programme a success.

Who?

Key decision-makers, policy makers, opinion leaders, politicians, traditional authorities, and responsible ministries, including the Ministry of Health, Education and Women's Affairs, as well as professional bodies, such as the National Association of Nurses and Midwives and regulatory bodies.

Why?

- So that they support the initiative and become proactive advocates for change
- So that they take ownership for helping to solve the problem, and develop sustainable systems to continue the work

How?

- Through meetings and sharing the rationale and logic of the intervention
- Through developing and implementing a robust advocacy strategy
- Through changing minds with evidence and hearts with stories of personal struggle
- By following through on promises made, and negotiating 'matched' funding for specific initiatives, such as the building of midwives' accommodation
- By contributing technically and financially to some of the required changes and demonstrating their value

Step 1

Establish a clear programme logic

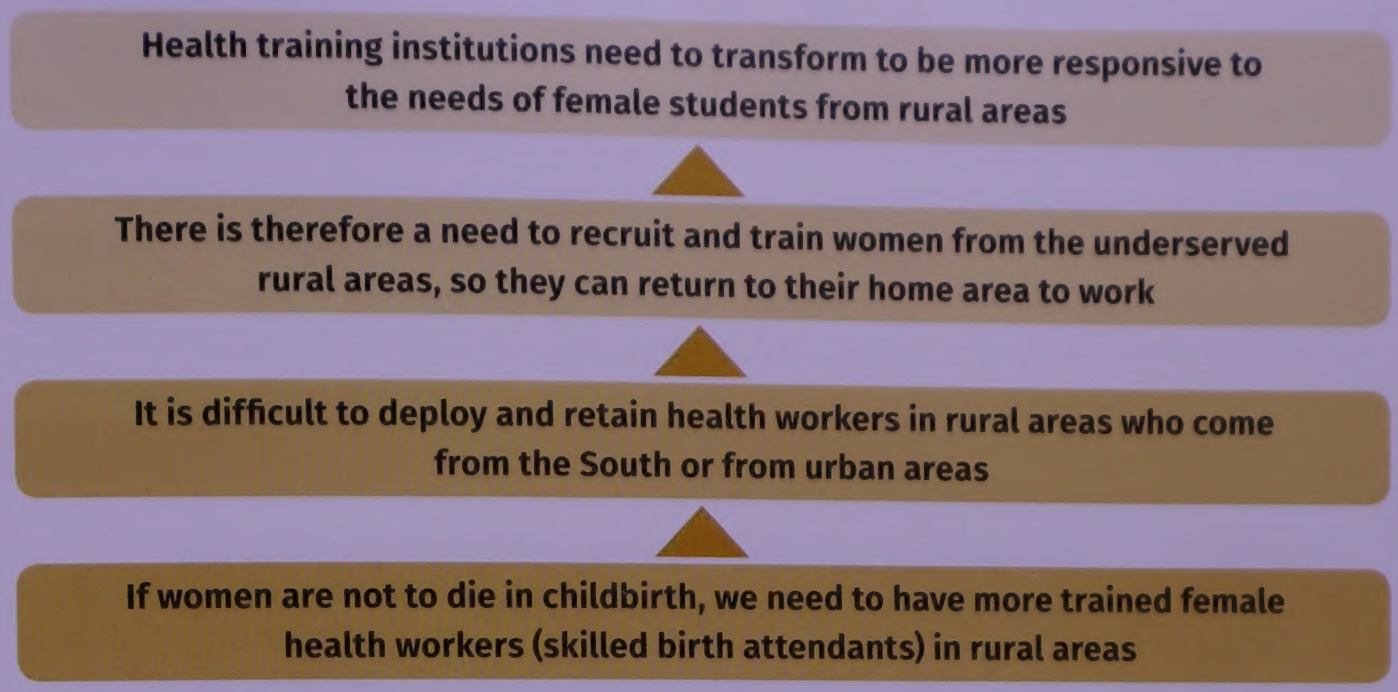
All projects and programmes should be designed with a clear logic, setting out what needs to happen and why. This logic needs to be clearly understood by all staff involved in the programme and framed in a language that can be clearly understood by a wide variety of external stakeholders. Figure 2 sets out the logic that successfully engaged stakeholders in the Women for Health programme. It was supported with data on the shortage of female health workers in rural areas – and illustrated by true stories (such as features in Hauwa's Story), designed to appeal to hearts as well as minds and to deepen stakeholders' commitment, galvanising them to take action

Case study

Hauwa's story

Hauwa, a young women from a rural community in the north of Nigeria gave birth at home to her third child. All went well and the baby was delivered safely, but unfortunately she had a retained placenta. The family would not take her to the nearest health facility because the only staff were male, so they called for the local Traditional Birth Attendant, who was not available. The mother-in-law tried her best to help but did not have the knowledge or skill and Hauwa sadly died leaving three young children to be cared for by others.

Figure 2. Women for Health logic for engaging stakeholders



Conduct early meetings with key stakeholders

Meetings were held at national and state levels to present the rationale for the programme and its aim of resolving the human resource and maternal mortality challenges. The programme logic laid out how the Women for Health programme would help – true stories of success and failure were used to appeal to the hearts of stakeholders. Many of these early meetings were conducted in the local language to aid understanding. Some stakeholders (including state legislators) said that this was the first time that they really understood the scale of the problem.

Participatory development of advocacy strategies

After the early meetings, a series of research-informed workshops were held at state level to begin developing an advocacy strategy. Trigger points (when the most effective messages are delivered by the right people at the right time) were identified – these are crucial to changing attitudes in a timely way. To maximise the value of these workshops, it is important to invite key target stakeholders such as ministry personnel, as this develops their engagement with the programme. These meetings have multiple goals: developing the strategy, beginning the process of change, identifying the target stakeholders and developing understanding and shifting attitudes. Participants could include representatives from the health training institutions, traditional authorities, NGOs and other projects.

Step 4

Establish state level advocacy groups

With advocacy strategies developed in each state, the next step is to set up a small group to drive the strategy forward. The group could be drawn from a cross section of stakeholders who contribute to the strategy development. Each state group should develop a state advocacy plan focused on achieving programme objectives with clearly identified target audiences and defined messages, and plans for how and when they will be targeted. If a state advocacy group already exists then the programme could join it. Alternatively, citizen champions could be identified who could lead advocacy interventions.

Step 5

Ensure that advocacy is a key component of the job description of all programme staff

While the state-level groups undertake specific advocacy activities and provide support to the programme, it is the programme staff members that need to lead the advocacy efforts at national, state and local levels. Regular meetings need to be held and strong communication platforms maintained with some of the pivotal stakeholders but programme staff also need to continuously seek and take advocacy opportunities that arise and emerge from programme developments.

Step 6

Build on existing trust and good will

If the programme follows on from previous successful work it may be possible to rekindle relationships and build on existing goodwill. The programme should try to take established relationships to another level to generate political will and commitment, in the process creating an enabling environment that supports implementation.

Case study

Involvement with Religious Leaders

W4H began by identifying the various religious schools of thought in the state and helped them to understand the importance of the programme and how they were key stakeholders in protecting the moral integrity of northern Nigerian women. They helped the programme to identify key messages from religious texts that emphasised the importance of women working to save lives and formulate the messages to reach rural communities.

They also advised the programme on the best way to reach the communities and helped the programme to do this, through the religious institutions like the Hizbah board, the State Ministry of Religious Affairs and the Council of Ulammas. These religious institutions have pre-existing platforms, such as the Ramadan Tafsir sermons and seminars and conferences organised to celebrate the Islamic calendar. Whenever, these events were held the W4H messages were disseminated.

Step 7

Establish and maintain strong relations with core activists and 'gate keepers'

It is essential to create and maintain effective communication between the programme key stakeholder groups. For Women for Health, key groups included institutions and regulatory and professional bodies, as good communication with these was crucial for the smooth operation of accreditation, assessment and professional support. At national level, linkages were made with regulatory bodies, such as the Nursing and Midwifery Council of Nigeria and the Community Health Practitioners' Registration Board and their associated state level committees. The programme also build strong relationships with representative organisations, such as the National Association of Nigerian Nurses and Midwives to help create a supportive environment for the students while they are at college that follows into their professional careers. Engagement with main gatekeepers, such as traditional leaders, politicians/opinion leaders, such as state legislators and religious leaders (see case study), can be extremely beneficial.

Once established, these relationships can continue to be strengthened throughout the lifetime of the programme through communication of results and by delivering on commitments. The implementation of a strong cross-cutting advocacy strategy, including formal, informal, state and national level strategies, ensures that any bottlenecks are addressed.

Step 8

Follow-through on promises and leverage support through quick wins

To win the confidence of stakeholders and show the programme's commitment to the proposed change processes, it's important to make and follow through on some quick-win commitments. In the case of Women for Health this was making and rapidly following through on an agreement to build an agreed number of midwives' houses in rural areas, with the Ministry of Health matching that effort. Regular communication of results and on-time delivery of activities help to maintain the trust and belief in the programme.

Testimony

'The Programme has brought great achievement into the community... members have really appreciated it because it has led to the development that the community are proud of'

Step 9

Engaging families and communities

In many rural communities, a significant transformation of social norms is required if women are to be able to successfully pursue a health career with the full support of their husbands, families and the wider community. Without this, women can feel compromised by conflicting views about the appropriate role for women within Muslim society. Community members, especially traditional and religious leaders, the young women themselves and their family members need to be involved in developing the programme from the start and continue to be involved throughout. Women for Health focused its engagement efforts on those communities from where foundation year students were recruited (it was not possible to reach all relevant communities) and the mechanisms for doing this are described in the next section.

Stage 2: Establishing foundation year programmes

Foundation Year Programmes (FYP) are designed to help young women from rural areas to raise their level of educational achievement to meet the standards required to enter schools of nursing, midwifery and health technology. They are also designed to prepare these women for the inevitable changes that will occur as they develop, both academically and personally, through the programme. Both the academic and preparation aspects are typically part of foundation year or access programmes.

Foundation elements

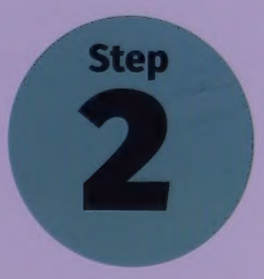
In the Women for Health programme, two separate foundation elements were introduced:

- **A nine-month Bridging Course for those who had not achieved five passes in the school exams**
- **A three-month Preparatory Course for those who already had five passes, to prepare them for the entry process for the training schools.**

Those on the Bridging Course automatically moved on to the Preparatory Course.

Provide financial support

Establishing and running foundation programmes requires funding – and initially, the programme will probably need to provide much of this. Start-up costs include: food for foundation year students; allowances for teachers; monthly allowances for students; payment of exam fees; cost of refurbishing hostels or providing rental accommodation for students; cost of purchasing textbooks; salary paid to non-academic support staff (matron, FYP focal person, security personnel, nannies for their babies). By paying these initial costs, the programme gains support and good will from the institutions and ministries of health, laying the way for ministries to take over the programme further down the line.



Negotiate admission space

With the programme offering financial support, it should be relatively straightforward to negotiate admission space in one health training institutions in each state. Availability of accommodation may be a factor in choice of institution in each state – and additional funding for improving accommodation may be required.

BOX 1

Possible Members of Foundation Year Programme Working Group

- College principals
- Local politicians
- Private sector representatives
- School teachers
- Representative of the Ministry of Health
- Representative of the Ministry of Women's Affairs
- State Legislator
- NGO representatives
- Religious leaders

Role of the FYPWG

The role of the FYPWG is multi-faceted (see Box 2) and includes: advocacy for the establishment and maintenance of the programme; technical oversight role; ensuring transparency of admission's procedures; ensure entry guidelines targeting women from underserved, rural areas are correctly followed and political interference is avoided; and ensuring the programme focuses on impact and continuously improves.

Box 2

Role of the Foundation Year Programme Working Group

- Support the implementation of FYP operational plans
- Advocate for policy changes where necessary
- Track progress of FYP students
- Liaise with W4H team in addressing key issues
- Ensure that all students recruited are genuinely from rural areas
- Ensure that the recruitment and admission process into the FYP is transparent
- And committed to improving the impact of the FYP
- Reduce political interference, favouritism from the community heads and patronage from senior management of training institutions.

Testimony

"As a Traditional Ruler, I am ready and willing to take the lead as a champion for girl child education and specifically for their entrance into health training institutions."

Step 3

Form a Foundation Year Programme working group

It is important to stress the need for on-going advocacy related to the benefits of training young women from rural areas – and their particular needs during training. Programmes need to identify key stakeholder groups that will do this. State-level consultations and meetings should be held to find these groups and to promote the benefits of a foundation year programme. From these stakeholders, the programme should establish a Foundation Year Programme Working Group (FYPWG) for each state, with priority given to influential individuals who are interested and committed. The group could include politicians, educators, ministry personnel and NGO staff (see Box 1).

While working group members should be be prepared to commit for a number of years, it should also be possible to bring in new, relevant members, and some to drop out if necessary. In order to maintain each group's vibrancy and share responsibility, the group officers, especially the chairperson, should change on an annual basis.

Step 4

Engaging religious leaders

Religious leaders as advocates are especially important in the northern Nigerian context. They can help to identify religious texts that support the role women can – and should – play in saving lives and consequently encourage their training as a health professionals. They can deliver powerful messages during Friday prayers and during Ramadan.

Step 5

Selection and appointment of teachers

Identifying and selecting the most appropriate teachers is essential if the programme is to be successful. For the Bridging Course, they need to be subject specialists, familiar with O level exam subjects. The teachers for the Preparatory Course should have health-related expertise and be familiar with the curricular of the professional programmes of study. For the teachers of both courses, it is important that they have experience of supporting adult learners to develop effective study skills, know how to use student-centred approaches and are skilled at mentoring and building student confidence. The FYP teachers should receive at least three weeks of preparation training for their role, covering the curriculum and student-support aspects of the role.

Step 6

Identifying target communities

As places are limited at the training institutions, only a limited number of young women can be admitted at any one intake and a decision needs to be made as to which communities to target. It is recommended that the selection should then be made in consultation with Local Government Officials and apply the following criteria:

- **Rural communities that are currently underserved by female frontline health workers, especially midwives**
- **Underserved rural communities, where maternal health programmes are already operating (or have operated) where there is scope for linkages and building on.**

Box 3

Selection Criteria for Foundation Year Programme Candidates

- Candidate must reside daily in a rural area
- The area must be underserved as identified by the data on midwife distribution in each state
- Candidates must commit to return and work in a facility in the rural area she comes from in a letter signed by the candidate and her parent, husband / guardian, that is submitted with application and kept for record purposes.
- The LGA/Wards must have a state-owned health facility
- Candidate must have studied Physics, Chemistry and Biology for a minimum of three years at senior secondary school level

Bridging Programme

- Must have three O level Credit passes
- Two of the three passes must be in English, Mathematics, Physics, Chemistry or Biology.

To go straight to the Preparatory Programme

- Candidate must have a minimum of five O' level credit passes in English, Mathematics, Biology, Chemistry and Physics.

Step 7

Town Hall, Community Forums and Meetings

Once the target communities are identified, 'Town Hall' meetings should be called in that area. These are orientation meetings for community leaders, civil society organisations, educators, health workers and other community-focused professionals, as well as potential students and their families. The purpose of the meetings is to raise awareness of the impact of the shortage of female health workers and develop understanding about the programme, especially the intention to recruit young women from rural areas. These gatherings can help to open the eyes of parents and husbands to the benefits of their daughters or wives training and then practising as health workers. Religious leaders are often keen to promote the role women health workers can play in addressing high maternal mortality in their communities.
At these meetings, community leaders are asked to identify suitable young women in their community (see Box 3 for the agreed criteria).

Step 8

Conduct local community meetings

After the FYP students have been identified, facilitators, who can be drawn from the FYP working group, need to visit the resident community of each of the potential students. Community dialogue should be conducted with local gatekeepers and leaders, the potential students themselves, FYP family members and other community members.
The importance of training female health workers should once again be emphasised and the opportunities that the training explained to the young woman and her family. At this stage the potential student, and her family members (parents, husbands) may have many questions, especially regarding the safety and security of the young women, and these need to be answered as fully as possible. The application process and what happened next can then be explained.

Testimony

'As a result of the Foundation Year Programme I have performed a major role, in sensitising community members on the importance of educating a female child regarding health.'

Step 9

Orient and prepare families for change

The young women starting the training may have little experience outside her own village. Going to one of the main state towns is a big change. The young women's confidence and self-esteem may be boosted by being selected for the training, when in many cases no previous young person from her community, female or male, has attended tertiary education. Acquiring new knowledge and skills will strengthen that process of empowerment. The young woman will also receive a monthly stipend and this may be the first time in their lives that they have some money of their own that they can make their own decisions on how to spend it. All of this will change them and when they return home, they will be different. Families need to be aware of this and be prepared for these changes. Preparing families for this should be a gentle process and start as early as possible. It is important to emphasise the positives of the change so as not to discourage other families from allowing their daughters/wives to attend training.

Step 10

The admissions process

Potential students need to be provided with the relevant application form for entry to the course. Designing these forms so they are accessible for young women from rural areas is important as few in the community will have experience of filling in forms. When the applications are received, comprehensive records need to be kept and adequately maintained by each state and made available to the implementing and funding agencies to ensure transparency. All submitted applications will be collated and verified to ensure fairness for all applicants – and screened (see Box 4).

Step 11

Garner community sponsorship, support and commitment

Community sponsorship is an important mechanism for consolidating local buy-in to the foundation year programme. Long-term sustainability is enhanced by encouraging communities to play a bigger role in the education of the young women; the assumption being that this level of support will carry over into support for the female health workers when they return. Given that these are mostly very poor communities, it is not expected that any one community will generate sufficient finances to pay for a student's study costs. In fact some communities are unable to contribute any finances and can only provide support in the form of equipment or furnishings – or just in good wishes and prayers. In addition community sponsorship cements the community's commitment to the student, it also reinforces the student's commitment to return and benefit their community.

During the preparation meetings, community members should be encouraged to identify the form the support will take and agree how it will be provided, for example, deciding whether and when family members would visit or drawing up a timetable for visits by different community members. Consent forms are signed by the student's parent or husband to formalise her participation in the programme. In the same way, students and the head of their family are asked to sign a 'bonding', a form which commits them to return to their communities to work once they are qualified.

BOX 4

The Screening Process

- Applications received, collated and verified
- Checked for complete applications
- Validation of all claims
- Verification of supporting documents
- Applications assessed against minimum selection criteria

Step 12

Selection

Entrance Examination: All successfully screened applicants should be invited to take the same entrance examination. The exam is set to verify applicants' qualifications and check that they have the potential to progress to the health courses. It will be set centrally and administered centrally/regionally in each of the states. The exam will include basic English, Mathematics and Science questions.

While all students need to achieve the pass mark, if more students pass than there are available places, it is not necessarily the highest scorers that are given the places; the scores need to be considered alongside selecting students from the most underserved rural areas and from less privileged backgrounds. Reasons for selection must be fully documented and explained to the programme management in each state.

Interview: All candidates achieving the minimum pass mark should be invited to attend an interview. The interview panel needs to be drawn from a cross-section of personnel (see Box 5). Crucially, panel members need to be very familiar with the programme and what it is trying to achieve. Because of the background of the young candidates, interview panels need to make the candidates feel at ease and encourage them to feel comfortable and to speak freely.

Step 13

Supporting students and monitoring progression

Once students are enrolled in the programme it is crucial to continue providing support and assistance through their journey of growth and empowerment. It is also important to give on-going support to the colleges, to ensure the young women are able to succeed, qualify and return to their rural area to work. The next two sections deal with this in more detail.

To provide student support and learn lessons for the future of the programme, it is important to track the progress of each student, not just during the foundation year but throughout the professional programmes and once the students return to their communities. They especially need to be tracked and supported should they fail to gain entry to health training.

Step 14

Institutionalisation and sustainability

State Ministry and college officials are fully involved from the start of the programme through to implementation. This way they learn about the programme and their own capacity is developed. Early involvement encourages and facilitates the states to take over running the programme.

Areas that need addressing

Change processes need to cover a number of areas:

- Improved gender responsiveness
- Improved quality of teaching and learning
- Improved voice and accountability
- Improved governance, management and transparency
- Improved infrastructure and security (see Stage 4)

Stage 3: Transforming the training institutions

The health training schools have to change if young women from rural areas are to feel at ease and able to study and make the most of the opportunity available to them without compromising their family responsibilities and their Islamic principles.

Improve gender responsiveness

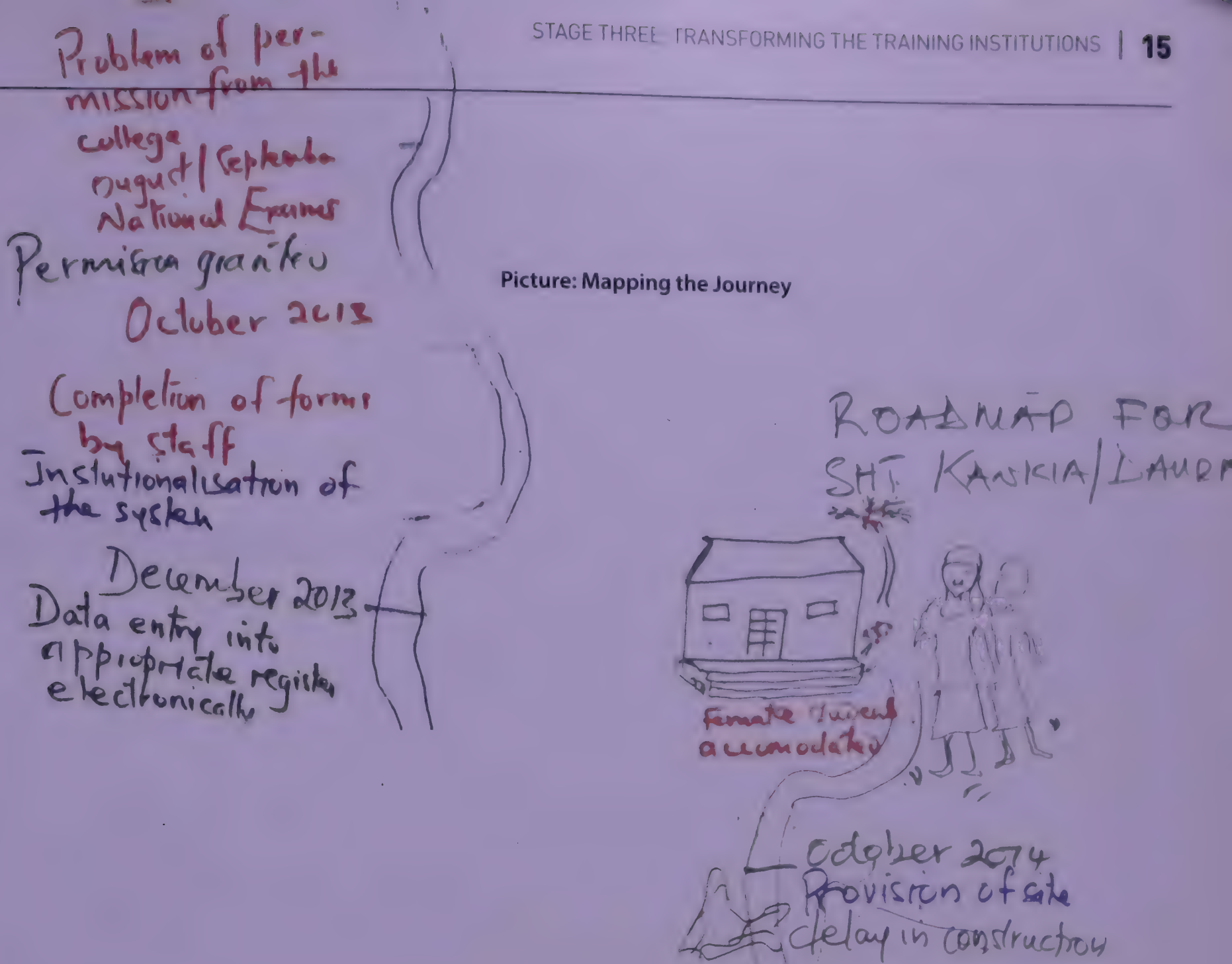
Given that there are few female members of staff and few female students in the health training schools (except for the schools of midwifery which only take female students), it is not surprising that the culture and environment is predominantly male. Transforming this environment and improving its 'woman-friendliness' requires significant changes to the organisational culture, student welfare mechanisms, professional conduct of staff, safety, security and the teaching and learning environment. However, addressing gender issues and women's rights head on can be contentious in this context. It is therefore important to seek an incremental process of change, keeping the school management on board, gradually introducing ideas and supporting and challenging the schools to bring about change.

Bring management on board

Bringing together the senior managers of the schools is essential, not only at the beginning of the process but also to provide on-going peer support and peer pressure for change. Call an initial meeting to:

- Present the background to the project or programme
- Provide evidence of the high level of maternal mortality in the region and the shortage of female health workers
- Tell stories about individual tragedies to capture hearts
- Present the programme logic for recruiting women who live in rural areas
- Ask the senior managers to work in groups to map the journey of a young women from her home into the health training schools and out back into their community to work – and identify barriers.

Getting the senior staff to discuss and identify the challenges faced by young women from rural areas is important to help them work out what the colleges can do to address them. (See Picture opposite for examples of the mapping carried out by managers at institutions involved in Women for Health). The mapping process helps senior managers to begin to take ownership for improving the gender-responsiveness of their colleges.



Picture: Mapping the Journey

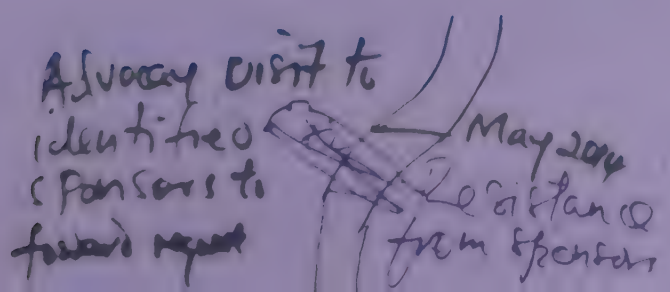
Step 3

Conducting a participatory institutional gender assessment

Once the college principals are on board, support the colleges to conduct a gender audit or institutional assessment. In order to have maximum effect, this needs to be conducted in a participatory manner. Based on good practice from around the world, a gender institutional assessment tool was developed and refined in discussion with college personnel (see Annex A). Its purpose is for the colleges to regularly assess themselves on a scale of 1 to 10 on a 6 or 12 month basis so they can track their progress. Regular assessments have the additional benefit of reinforcing good practice and reminding staff what is possible.

The assessment tool appraises gender responsiveness in relation to:

- Management and administrative systems
- Recruitment and admissions
- Human resources
- Students and student support
- Communication
- Teaching and learning
- Infrastructure
- Security



Step 4

Develop gender management plans

Having conducted institutional assessments, each school can develop its own gender management plans based on the findings. These plans need to contain long term aims (for a 3 - 5 year period) and should feature four to six short-term objectives for the first year. Two of these should be actions that the school can begin to undertake immediately without outside support. Table 1 provides a sample extract from a gender management plan.

Different schools will move at a different pace, so bringing principals and managers together at regular intervals to review progress and revise the gender management plans for the following year enables them to share experiences and support and challenge each other.

Step 5

Establishing gender working groups

Ensuring that the colleges are woman-friendly or gender responsive is the responsibility of all members of staff, but establishing a gender working group in each institution will provide ongoing monitoring and support for the college. The group could also receive additional training so that they can go on to train the rest of the staff.

Institutions often have too many committees, with their official rules and regulations, many of which do not function effectively. So rather than a committee, it is suggested that a Gender Working Group be established, for a limited time, with a defined set of activities to support the implementation of the Gender Management Plan, which keeps it energised and active. Ideally the group should be composed of personnel from across the college, including senior managers. Their role will be as set out in Box 5.

Table 1: Extract from a Gender Management Plan

Statement from Institutional Assessment	What you will try to do	Steps and stages	By when	Indicators	Outcomes
Principal and staff able to articulate and support the need to ensure that female students are provided with sufficient support to maximise the learning opportunities at the institution.	Assess the student's performance and identify weak students.	Step 1 – Identify the weaker students Step 2 – Provide extra lessons and support Step 3 – Peer teaching Step 4 – Ensuring adequate access to a library.	Ongoing Aug 13 Oct-Dec 13	Improved outcomes in semester/ final qualifying exams. Responses to questions improved.	To become embedded in school practices.
Principal influences appointments and promotion of staff.	Identify nurses/midwives that can be redeployed to school as clinical instructors.	Identify nurses and midwives from various health institutions Liaise with hospital management board.	Ongoing	Two female clinical instructors appointed.	Included in principal's role and responsibilities.

BOX 5

Role of the Gender Working Group

- Ensure that gender is mainstreamed throughout the school
- Facilitate (with other staff) a gender and social inclusion strategy
- Provide capacity strengthening on gender to all staff, including regular gender awareness training
- Support the colleges to complete the Gender Institutional Assessment on a regular basis
- Support staff, and possibly students to develop and implement gender management plans
- Assist in the development and implementation of student voice mechanisms
- Meet with and provide support to counselors of female students and other support personnel: nannies, matrons, security etc.
- Supporting the W4H state teams to identify issues and role models for FYP Motivation talks
- Occasionally meet with different female members of staff to understand what some of the issues might be for them and support in their resolution.

Step 6

Provide gender awareness training

Because of the contentious nature of addressing gender issues in an area such as northern Nigeria, it is suggested that direct gender awareness training does not take place until the schools are already conducting their own gender assessments and the management teams are on board. By this stage they will have seen positive results and be able to deal with some of the more challenging elements.

Step 7

Counselling support for female students

Sustaining an environment in which female students can learn and reach their potential requires an effective support system. Over the past two decades a significant amount of research[1] has shown that unresolved personal and emotional issues can have a negative impact on a students' ability to achieve good grades in examinations. The research also shows that counselling can help students manage their own personal and emotional issues better, contribute significantly to their ability to study and develop into well-rounded individuals. Counselling can be particularly helpful for female students and those from rural areas who face significant change and who need support.

Providing counselling support to students struggling with social or emotional problems will enhance their academic achievement and develop their confidence so they can go on to perform effectively as midwives in the future.

What currently passes as counselling in most colleges is more about giving advice to students who seem to have gone 'off-track' academically. Providing class coordinators and class counsellors with student counselling training will help them to gain trust and provide better help to their students (See Box 6).

1. See the work of the Social and Emotional Research Group, University of Illinois, Chicago; Fatum, B. (2008). *The relationship between emotional intelligence and academic achievement*, unpublished dissertation, University of San Francisco; Goleman, D. (1996) *Emotional Intelligence: Why it can matter more than IQ*. London: Bloomsbury Publishing

Step 8

Strengthening student voice mechanisms

Because of previous conflicts and radical actions taken by student union groups in the past, many colleges have abolished their unions and other student voice mechanisms. This can create more tension and widen the gap between college management and students, and particularly disadvantages female students.

Students' union mechanisms provide a vehicle for student voices to be heard within the colleges and act as a communication channel between students and management. The benefit to the institution is that if students feel that their voices are being heard and that the college is taking account of their needs, they are much more likely to study comfortably and successfully. A platform for interaction and communication is needed between students and management to achieve the above objective.

If both the union and college management are provided with training in effective negotiation, representation, problem solving and change management then both parties will be better able to resolve issues and not escalate issues disproportionately. It is suggested that training be provided to both parties separately at first, with further training carried out jointly at a later date. As with all the training recommended in this How-to Guide, participatory approaches should be used. Suggested negotiation training topics can be found in Box 7.

BOX 6

Suggested topics for a counselling skills course

- Types of helping skills
- Active and effective listening
- Empathy and paraphrasing
- Identifying themes
- Probing and challenging
- The 'Three Stage Helping Model'
- Telling the story
- Gaining a new perspective
- Problem solving
- Planning action

BOX 7

Suggested topics for negotiation training

- Change management
- Representation
- Effective listening
- Effective communication
- Preparation
- Stages of negotiation
- Mapping conflict
- Identifying options
- Compromise and win-win solutions
- Problem solving
- Agreements and Action planning
- Maintaining agreements
- Mediation and Adjudication

Step 9

Improve the quality of teaching and learning

Improving teaching

High quality teaching and learning that pays attention to helping all students (and not just the 'high-flyers') is essential if the young women from rural areas are to pass their exams and become health professionals. An in-depth assessment of institutions' teaching and learning should be carried out at the start of any programme in order to know exactly how such improvements can be made.

In many cases teachers or tutors lecture didactically at students, 'covering the curriculum' rather than helping their students to develop as learners and pass their exams. Teachers skills and attitude may need developing – and example of a capacity strengthening programme for teachers can be seen in Box 8. Training cover student-centred teaching methods and new approaches to teaching and learning. For this to be most effective, it is recommended that a whole-school approach is used in which all teaching and management staff are trained together. Managers also need to see themselves as 'Leaders of Quality in Teaching' - and may require training in how to support and strengthen the quality of teaching in their school and to take responsibility for the results of their students.

E-learning

Lack of resources and access to information for both students and teachers may be a challenge in the colleges. The wealth of material available on-line to support the teaching of health subjects is enormous. Access to the internet is improving, so developing learning hubs and various other e-learning mechanisms with the colleges can significantly improve the range and quality of material available to teachers and learners. Access to these materials can increase students' abilities as independent learners and reduce their dependence on teachers.

English for academic purposes

Even though English is the language of tuition, the quality and accuracy of English of tutors and students alike may not be strong, which may disadvantage students when it comes to reading and writing in exams. This is especially true for female students from rural areas. There are many programmes available for training college and university students in Academic English, and it is recommended these are made available so students can improve, pass their exams and succeed in their professional careers.

Testimony

"Our teachers are teaching us very well, my best teacher is Maths teacher "komin shi cikin lalama, wasa da dariya", that made me relax and understand his lesson. The type of Maths he is teaching us wasn't taught to me in secondary school. He is a really good teacherf"

Box 8

Teaching Skills

- Target groups
- Shaping the curriculum
- Planning a programme of study
- Lesson planning
- Student-centred methodologies
- Active learning/ learning by doing
- Working with adult learners
- The experiential learning cycle
- Formative and summative assessment
- Practical skills teaching
- Visual aids, ICT and e-learning
- Peer teaching and peer mentoring

Step 10

Improve management and governance

Many health training institutions may not have governing boards nor feature in the State Ministry of Health budget: they are often not a political or a funding priority; they can feel disempowered by having limited autonomy or participation in planning and budgeting decisions. They may face legal and structural bottlenecks, and suffer from poor financial management and record keeping. All of these aspects can impact negatively on their capacity to support the training of young women from rural areas.

Working alongside the institutions, establishing criteria for effective management and continuous high-level advocacy with government officials will help the colleges to make appreciable progress towards more effective management and leadership. Other activities that can be undertaken include:

- Establishing budget committees to coordinate the development of plans and budgets and build their capacity to justify these plans
- Supporting the college to develop a students' charter
- Supporting State Ministries of Health to integrate the Health Training Institute budgets into State Health Sector budgets
- Continuous support for the colleges to establish and sustain a sound performance management system
- Supporting bi-annual performance management reviews
- Assist colleges to gain regular imprest, or funding for running costs from the state
- Helping colleges to establish Student Information and Systems Human Resource Information Systems for planning and informing decisions.

Stage 4: Improving college facilities to meet the needs of female students

Many of the training institutions are in a poor state of repair and need to be refurbished in order to meet the requirements of regulatory bodies and to make them suitable for female students. Typical challenges are set out in Box 9.

Step 1

Step 1: Conduct a needs assessment for college facilities

A needs assessment for college facilities should be carried out to ensure existing buildings and facilities meet accreditation standards – and to document any improvements and investment required.

To understand the specific needs of female students, the following activities are recommended:

- Consulting with female students
- Studying the circulation patterns of the students throughout the day, including routes from the hostels to the study areas to assess safety and security
- If possible appoint a female architect who can understand the specific needs of female students and match these with the requirements of the accreditation bodies (set out in Box 10).

Box 9

Likely state of repair in many schools

- Roof leakages have destroyed ceilings
- Poor quality doors resulting in virtually no security and / or privacy in the rooms
- Broken window frames and panes caused by continuous wind action
- Non-existent floor finishing
- Non-existent kitchens
- Unusable toilets
- No running water in the school itself nor in the living quarters
- Faulty electrics

Box 10

Buildings and infrastructure accreditation requirements for schools of nursing and midwifery

- At least 3 furnished and well-ventilated classrooms to comfortably fit 50-100 students
- Minimum 3 tutorial rooms
- Large auditorium with a capacity for at least 250 people
- Adequately furnished Principal's office with an attached Secretary's office
- Adequately furnished staff offices (maximum of 2 educators per office)
- Adequately furnished staff and student common rooms
- Library with all key textbooks
- Practical demonstration laboratory and adequately equipped basic sciences laboratory
- Computer room with at least 24 work stations
- Adequately equipped hospital- and community- based clinical experience areas

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Step 2

Managing infrastructure development

In fragile and volatile contexts, where fraudulent business practices are endemic, the management of infrastructure contracts has to be carefully handled and the risks well managed. All processes and transactions have to be extremely transparent. Following the needs assessment work, the following activities need to be undertaken:

- **Commission architectural and engineering drawings** and Bills of Quantities
- **Conduct a pre-qualification exercise** for contractors by placing procurement advertisements in two national newspapers
- **Follow international tendering standards**
- **Enlist a team of architects** or quantity surveyors to regularly inspect the different stages of construction, give stage-by-stage approvals, and ensure quality and adherence to agreed budgets
- **Issue payment certificates** at agreed points of the construction process
- **Withhold the final payment** until the works have been inspected and contractors have responded to all defects or oversights
- **Make no advance payments** to contractors
- **Manage risks proactively** and solve problems quickly.

In addition to the infrastructural requirements for accreditation, some of the key improvements, which improve colleges' suitability for female students include:

- Operational toilet and washing facilities
- Secure clean accommodation
- Reliable lighting in dormitories
- Security walls and secure accommodation
- Cooking facilities
- Suitable accommodation for married women
- Crèches for childcare
- A room for meeting visiting family members
- Security lighting around the campus
- Toilets for female staff
- Staff room for female staff

Box 11

Challenges that may be found, need to be quickly resolved and might include:

- Contractors with inadequate skills and construction ability won bids for pre-qualification and were selected to tender. These were companies that had submitted all the required documentation, including 'evidence' of their construction track record
- Fraudulent submission of documentation by prospective bidders
- Faked bank letters may be submitted
- Poor quality construction, especially in hard-to-reach areas

Stage 5: Maximising the empowerment of female students

Supporting and strengthening these levels of empowerment can have a strategic and positive impact on the situation of women and girls in these communities for the present and in the future.

For a young woman from a rural community, where opportunities for girls and women are limited, the impact of being selected to continue education and training should not be under-estimated. Being the chosen one from their community, where no-one, female or male, has previously attended tertiary education brings with it great hope and aspiration not just for the young woman but also for their family and whole community. It can lead to other parents valuing girls' education and can increase respect for girls and women more generally. These women can be role models and champions of change in their communities, may be invited as guests to special events, and are likely to be taken notice of, where they were previously invisible.

Step 1

Leadership/mentoring training for all female students

Attending foundation year programmes tends to greatly increase the sense of well-being and empowerment for young women from rural areas. Building on this by providing training in personal development skills, such as leadership and negotiation, can greatly increase scope for empowerment and enables students' to safely navigate their life paths[1]. It also better equips them to be local champions of change, and to re-invest in their communities as businesswomen, philanthropists, activists and advocates for the rights of rural girls and women.

Such a programme should be provided for all foundation year students and, where possible absorbed into the preparatory programme. If resources permit it could be provided for all female, and male, students on professional health programmes. The aim of such a programme is to maximise foundation year students' self-esteem and confidence, increase agency and leadership skills in order that they may become leaders and champions of change in their home communities. Topics for including in such a programme can be found in Box 12.

1. See Sperling, G. and Winthrop, R. (2016) *What Works in Girls' Education: Evidence for the World's Best Investment* Washington: The Brookings Institute; Stacki, S. and Baily, S. Eds (2015) *Educating Adolescent Girls Around the Globe: Challenges and Opportunities* [illegible] N., Low, C. and McGinn (2013) *Negotiating a Better Future: The Impact of Teaching Negotiation Skills on Girls' Ed* [illegible] Final Pilot Report. Lusaka: Innovations for Poverty Action.

Step 2

Business development training for those who fail to gain entry into professional programmes

Because of the limited number of places available in the health professional programmes and competition for places, and residual academic and social challenges for some foundation year students, not all will gain a place on the health training courses; at least not immediately. For these women, returning home without a qualification is likely to have a negative effect on their levels of confidence and self-esteem gained through the FYP programme and leave them with limited hope for the future. It is therefore essential that these women be provided with further leadership training, business development and income-generation skills.

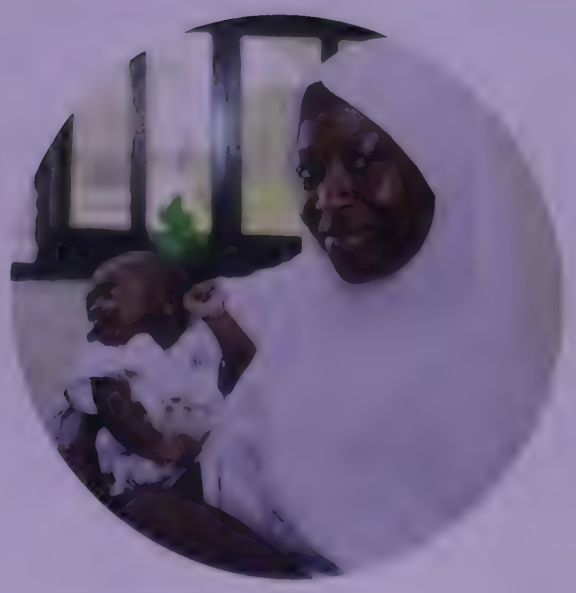
If possible the project or programme should provide them with a small amount of seed money to set up a business. This could be conceived as a social loan, the payback of which is in support of other girls or young women in their community. An alternative is to link them up with one of the social impact loan companies.

If business development support for students is outside the remit of the project or programme, it is suggested that it offers some personal and social support via links with another institution, such as the Ministry of Women's Affairs, an NGO or a women's organisation focused on women's economic empowerment.

Step 3

Creation of an association of foundation year alumni for mutual support

In partnership with women's empowerment agencies, establishing a network of foundation year graduates or introducing them to existing networks will enable them to continue to contribute to gender transformation. Individual women can achieve a significant amount, particularly if they have had an empowering experience such as taking part in the foundation year, and as a collective alumni can be a transformative force in society. Collectively, they are better placed to challenge social norms, evolve gender roles and ensure that their voices are represented in wider society and government policies. Associating in groups also enhances women's access to and control of additional resources, such as finance, further training and markets and provides a platform for women's advancement in rural areas.



Testimony

"I have become a role model, which 'gingers' (encourages) members of the community to develop more interested in enrolling their female children to school. Other parents are also interested and paying more attention to their female children to have this great opportunity when they grow up"

Step 4

Prepare FYP graduates for their transition into work

As foundation year students moved towards completion of their professional programmes there is a need to prepare them for their professional role, strengthen their capability as role models in their working community and support them in the difficult transition period from school into work. They could be supported in this process by providing them with preparation classes and by identifying a mentor from a previous cohort. A midwife mentoring scheme should also be established whereby an experienced midwife, nurse or community health worker supported students to make the transition into the workplace. They should also be encouraged to join the foundation year alumni group for mutual support.

Step 5

Strengthen state level support

State-level mechanisms provide a wider environment that can support gender equality and women's empowerment in the training and deployment of female health workers and empowerment of women in general. For example, the State Ministry of Health can provide essential support to the health training colleges so they sustain their focus on gender equality. Bringing together representatives from a range of agencies including Ministries of Health, Women's Affairs, Local Government, Religious Affairs, Education and relevant NGOs and projects can create a wider network to support and sustain actions towards women's empowerment and gender equality.

Such an association may already exist in some states and where this is the case the programme or project can tap into that network to gain support for its women's empowerment and gender equality initiatives. Where such associations do not exist, the project or programme should consider taking the initiative by convening quarterly or six-monthly meetings for the duration of the programme to gain support for sustaining the advancement in gender equality achieved during the programme.

Box 12

Suggested topics for leadership and empowerment programme

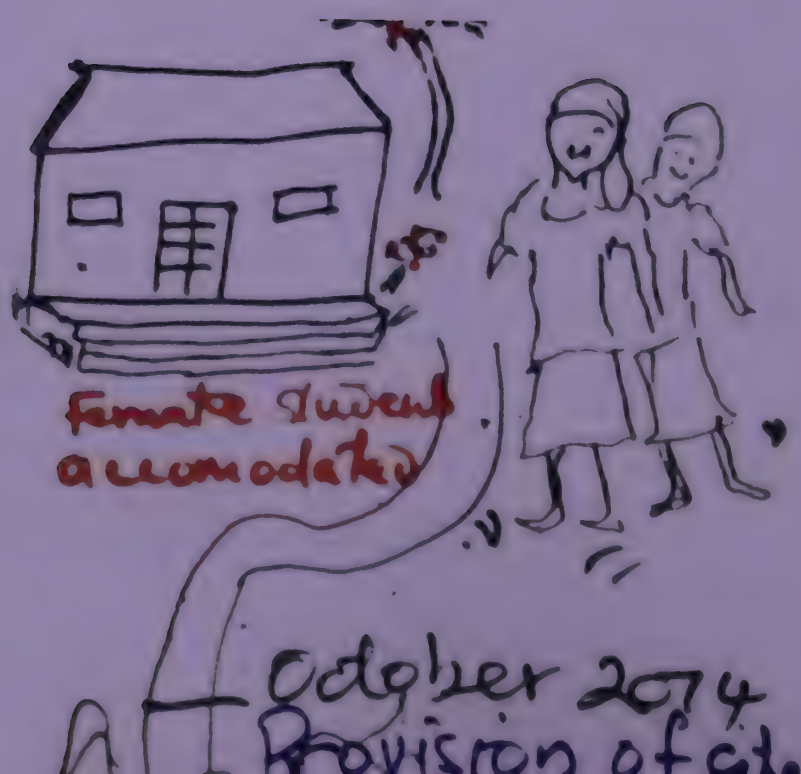
- Women's rights
- Visioning for girls and women
- Leadership
- Communication: speaking
- Communication: listening
- Decision making and negotiation
- Managing relationships
- Mentorship and empowerment
- Speaking in public
- Conflict management and negotiation
- Financial management
- Business and employment skills
- Being a change agent
- Social inclusion

Last Words

Empowering young women from rural areas to become health workers not only responds to the need for more female workers to improve maternal and child health indices but it provides an opportunity for social and economic empowerment of the young women. It raises their aspirations as well as those of their families and communities. It provides hope for the future for other girls and their families in their community and shifts the perception of the potential of girls and women. This may begin with perceiving only the economic advantage, but in time translates into greater respect for women and girls and their leadership potential.

A critical lesson learnt from the early days of the Women for Health programme was that, at that time, the women's empowerment aspect of the programme was insufficiently recognised and funded. Initially programme activities failed to take sufficient account of the fact that this was not a generic HRH programme but one that focused on producing more female health worker; hence all components needed to focus on how activities would contribute to that aim. For example management components needed to consider how institutions were managed to better respond to a greater number of female students; recruitment of teachers needed to focus on recruiting more female teachers. As the Programme progressed some of these elements were better acknowledged and strategies to increase women's empowerment more fully included within the Programme planning and implementation.

It is therefore recommended that any similar programme builds into its design strategies to directly empower the targeted young women from the start. These should include activities that increase gender awareness, build the confidence and decision-making power of the young women, provide them with some form of financing, and create an enabling environment for their progress and development in the colleges, the health sector and the community.



Check List

Stage 1: Engaging Wider Stakeholder

- [ ] Establish a clear programme logic
- [ ] Participatory development of advocacy statements and strategies
- [ ] Ensure that advocacy is a key component of the job description of all staff
- [ ] Establish strong relationships with gatekeepers
- [ ] Follow through on promises and leverage support through 'quick wins'
- [ ] Strengthen state level multi-agency support for the education of girls and women and their roles in the health sector

Stage 2: Establishing the Foundation Year Programme

- [ ] Provide financial support
- [ ] Negotiate admission space
- [ ] Form a Foundation Year Working group
- [ ] Selection and appointment of appropriate teachers with an 'adult learning' approach
- [ ] Identify target communities
- [ ] Work closely with and advocate to MoH and College officials throughout to encourage them to take over the programme

Communities

- [ ] Involve religious leaders as advocates
- [ ] Engagement to gain support for the continued education of girls and women and their potential for development of the community and increased access to healthcare of women
- [ ] Conduct town hall and community meetings
- [ ] Involve communities in selection, sponsorship and monitoring of students and the programme

Families

- [ ] Engagement to gain support for daughters and wives to study
- [ ] Preparation for the changes that might occur as a consequence of family member studying

Stage 3: Transform the Health Training Institutions

- [ ] Bring management on board and help them to identify and understand the challenges
- [ ] Assist them to develop gender management plans
- [ ] Establish Gender Working Groups
- [ ] Conduct regular gender institutional assessments
- [ ] Provide awareness training
- [ ] Recruit more female members of staff
- [ ] Appoint more female members of staff to management positions
- [ ] Improve management and governance, especially in relation to supporting a greater number of female students
- [ ] Provide counselling support to female students
- [ ] Provide child care support
- [ ] Improve the quality of teaching and learning and is relevance and appropriateness for female students
- [ ] Improve student voice mechanisms, especially the voices of female students

Stage 4: Improve college facilities to meet the needs of female Students

- [ ] Conduct a needs assessment of existing facilities which includes listening to female students explain their needs
- [ ] Map the usage by female students
- [ ] If possible engage a female architect to oversee the process
- [ ] Carefully manage the infrastructure development
- [ ] Check on progress with female students
- [ ] Ensure appropriate accommodation including washing and toilet facilities, accommodation for married students, secure accommodation, fences and walls, crèches

Stage 5: Maximising empowerment of female FYP students

- [ ] Develop knowledge and skills
- [ ] Provide capacity strengthening in leadership, mentoring, effective communication, negotiation and other 'soft skills'
- [ ] Build confidence and awareness of women's rights and responsibilities and encourage mentorship of other girls and young women in their community ('Give-back')
- [ ] Provide some form of stipend to cover additional expenses but also to increase economic empowerment
- [ ] Provide links to financial literacy and entrepreneurship training and seed funding to increase economic empowerment, especially of those that are not able to gain places on the professional health programmes
- [ ] Establish an online network of FYP alumni
- [ ] Prepare for transition into work

W4H Gender Institutional Assessment

Institution Name: **Date:**

Management and Administrative Systems

1. Policies, guidelines or procedures in place and include statements about support for female students

Score 1 2 3 4 5 6 7 8 9 10 Comment

2. Policies, guidelines or procedures above being effectively implemented

Score 1 2 3 4 5 6 7 8 9 10 Comment

3. Mechanisms in place to protect those reporting harassment and bullying

Score 1 2 3 4 5 6 7 8 9 10 Comment

4. Any breach of the above is fully investigated and disciplinary proceedings brought to bear

Score 1 2 3 4 5 6 7 8 9 10 Comment

5. All data for students and staff are disaggregated by gender

Score 1 2 3 4 5 6 7 8 9 10 Comment

6. The disaggregated data is used to monitor progress of, and provide appropriate support to female students

Score 1 2 3 4 5 6 7 8 9 10 Comment

7. Principal and staff are able to articulate and support the need to ensure that female students are provided with sufficient support to maximise the learning opportunities at the institution

Score 1 2 3 4 5 6 7 8 9 10 Comment

8. Institution promotes positive ethical image and female-friendliness to rural parents and husbands

Score 1 2 3 4 5 6 7 8 9 10 Comment

9. Financial management takes account of how budget allocation and expenditure can contribute to improved situation for female students and staff

Score 1 2 3 4 5 6 7 8 9 10 Comment

Recruitment, Admissions and Enrolment

10. Institution actively seeks enrolment of female students residing in rural areas

Score 1 2 3 4 5 6 7 8 9 10 Comment

11. Gender-disaggregated data and location of students is recorded in admission documents

Score 1 2 3 4 5 6 7 8 9 10 Comment

12. Pre-weeding enrolment is restricted to 40% above legitimate intake

Score 1 2 3 4 5 6 7 8 9 10 Comment

Staffing, Human Resources

13. Proportion of female to male members of staff in SoNs and SoHTs – aim to increase to towards 50/50 by EoP

Score 1 2 3 4 5 6 7 8 9 10 | Comment

14. Principal and Provost actively seeking a greater number of female teaching staff

Score 1 2 3 4 5 6 7 8 9 10 | Comment

15. Principal influences appointments and promotion of staff and uses this to increase the proportion of female tutors

Score 1 2 3 4 5 6 7 8 9 10 | Comment

16. Incentive packages in place for female tutors

Score 1 2 3 4 5 6 7 8 9 10 | Comment

17. Female tutors provided with opportunities to mix with others outside of the institution via meetings, conferences or training

Score 1 2 3 4 5 6 7 8 9 10 | Comment

18. Separate staffrooms for female and male staff if required

Score 1 2 3 4 5 6 7 8 9 10 | Comment

Students and Student Support

19. Special attention provided to ensure that females from rural areas are able to study as comfortably as urban students

Score 1 2 3 4 5 6 7 8 9 10 | Comment

20. Special attention is provided to ensure that female students with babies are able to study as comfortably as other students

Score 1 2 3 4 5 6 7 8 9 10 | Comment

21. Personal (psycho-social) and academic counselling process

Score 1 2 3 4 5 6 7 8 9 10 | Comment

22. Financial support available for female students from rural areas

Score 1 2 3 4 5 6 7 8 9 10 | Comment

23. Students provided with training in gender relations and rights and responsibilities in Islam, confidence building, negotiation and decision-making skills

Score 1 2 3 4 5 6 7 8 9 10 | Comment

Communication

24. Formalised mechanisms in place by which students are able to have their voices heard and taken account of by the institution (e.g students' union)

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

25. Institution clearly communicates all policies and procedures to staff and students

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

26. Formalised mechanisms in place by which students are able to have their voices heard and taken account of by the institution (e.g students' union)

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

27. Institution clearly communicates to all students mechanisms for raising questions and complaints and mechanisms for seeking counselling support

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

Infrastructure

28. Appropriate hostel accommodation for female students

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

29. Sufficient toilets and washing facilities for female students in good condition

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

30. Accommodation available for married female students

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

Security

31. Unbroken security fences

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

32. Campus lighting enables female students to move between buildings in the evening

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

33. Active security staff on duty 24 hours

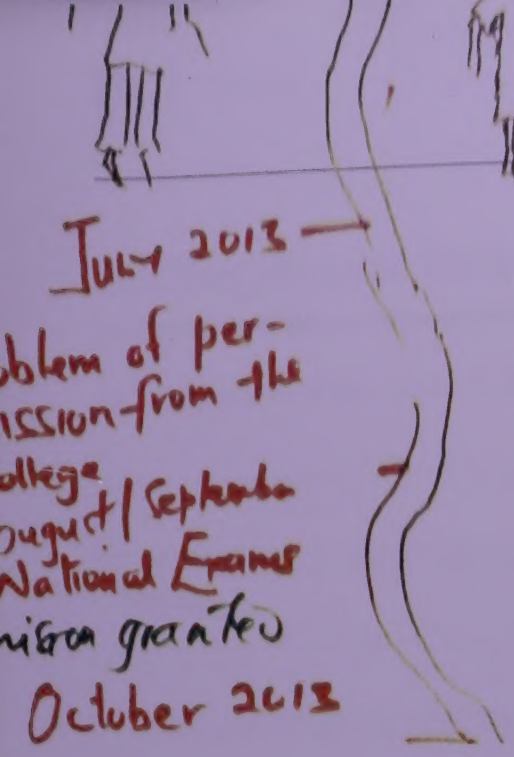
Score: 1 2 3 4 5 6 7 8 9 10 — Comment

34. Female matron (member of teaching staff) living in female hostel

Score: 1 2 3 4 5 6 7 8 9 10 — Comment

35. Small shops available on campus to avoid female students having to go outside

Score: 1 2 3 4 5 6 7 8 9 10 — Comment



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Glossary of key terms

Empowerment – Confidence and self-esteem, greater agency (voice and decision-making power), economic opportunities, and control over resources and an enabling environment.

Foundation Year Programme – Programmes that cover a range of basic information and prepare students to access further academic programmes of study. In this case it is referring to two different types of programme; one that enables students to improve their school leaving exam scores and another, or follow-on course that prepares them for nursing, midwifery or community health worker courses.

Bridging Programme – A foundation programme that enables women who have not done well in O Level exams to improve their exam results to bring them up to tertiary education entrance standard.

Preparatory Programme – To prepare those who have five O level passes for following one of the professional programmes in the schools of nursing, midwifery or health technology.

Gender Responsiveness – Taking action to ensure that the needs of women as well as men are taken account of and closing any gender gaps. As women have been previously under-represented in the many of the Health Training Institutions, it means taking action to change systems, structures and culture/environment to reduce any barriers and make it possible for more women to gain entry and study effectively.

Stakeholders – All those who have an interest in or can be affected by any action, project or programme.

Acronyms

FYP – Foundation Year Programme

FYPWG – Foundation Year Programme Working Group

HTI – Health Training Institutes

LGA – Local Government Area

NGO – Non-governmental organisations

TBA – Traditional Birth Attendant

W4H – Women for Health Programme

W4H
WOMEN FOR HEALTH

Since it began in 2012, the Women for Health programme has successfully addressed many of the practical and strategic challenges associated with its goal of increasing the number of female health workers, especially midwives, in rural areas of northern Nigeria.

By 2017, some 6,750 women have received training as health workers as a result of the programme. Many are developing careers as rural health workers in their local communities – where they can have the greatest impact on maternal, infant and child mortality and act as role models and champions.

This 'How-To' guide is about the process of addressing barriers to the education and recruitment of young women from rural areas of Northern Nigeria and empowering them to enter training to become health workers. It translates the lessons learned from the programme into a series of practical, inter-connected steps to guide similar projects and government initiatives in comparably challenging locations.

This guide is for anyone aiming to close a gender gap in service provision and empower women through the process, while also contributing to progress on the Sustainable Development Goals. It is suitable for project and programme staff, development partners and non-governmental organisations.

While this Guide is focused on health, some elements of the guidance could be valuable for the provision of other social services, such as education and more technical support, such as agriculture and water and sanitation.

Other How-To Guides based on the learning from different aspects of the Women for Health programme are available.
For more please visit www.women4healthnigeria.org

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